

SEMEN TESTING**LABORATORY REQUISITION & PATIENT INSTRUCTIONS:**

Patient Name: _____ Birth Date: _____

Diagnosis: _____ Ordering Physician: _____

PHYSICIAN SIGNATURE (required) _____ **Date** _____ **Time** _____**LABORATORY TESTS:**

- Semen Analysis, Infertility (SEIN) (*Collection Instructions Below*)
- Kruger Strict Morphology, Sperm (M80749)
- Semen Analysis, Status Post Reversal of Vasectomy (SEPR) (*Collection Instructions Below*)
- Semen Analysis, Post Vasectomy (SEPV) (*Collection Instructions On Reverse*)

ATTENTION ORDER ENTRY: Enter collect date and time provided by patient.

**PATIENT INSTRUCTIONS FOR COLLECTION OF SEMEN FOR INFERTILITY
AND POST REVERSAL EVALUATION**

1. Refrain from any sexual activity including masturbation for 3-5 days. Longer or shorter periods of abstinence may result in abnormal results.
2. A sterile container will be provided by your physician or by the laboratory. Do not use lubricants or condom during collection, as they may contain spermicidal agents.
3. Obtain the sample through masturbation. Collect the entire ejaculate into the provided container, which should be at room temperature (not cold).
4. **Label the container with your name, date, and time of collection.**
5. **Please answer the questions at the bottom of this form.**
6. **Transport** the sample to Munson Medical Center, along with this form.
Note the following time and temperature requirements:
*For **infertility or reversal of vasectomy** testing, deliver to lab **within one hour** of collection. If delivery within one hour is not possible, deliver as promptly as possible. Delay in testing can cause abnormal results. Keep the sample at **room or body temperature (68 - 100 degrees F)** during transport.
To protect the sample from cold, carry the container in a pocket next to the body.

7. Delivery locations and hours at Munson Medical Center:

Monday through Friday, 7:00 am to 5:30 pm: Go to the Munson Professional Building located directly behind Munson Medical Center, at 1221 Sixth Street. Proceed to the Registration desk, where a registration representative will assist you.

Saturday, 8:00 am to 12:00 noon. Go to the Munson Medical Center main entrance, and proceed to the Information desk, where a registration representative will assist you.

Date of Collection: _____ Time of Collection: _____ Days of Abstinence: _____

Method of Collection: As described above Yes No
Entire Ejaculate Collected? Yes No
Temperature maintained between 68 -100°F Yes No

FOR TECHNOLOGIST USE: Time of Specimen Receipt: _____ Time of Specimen Analysis: _____

PATIENT INSTRUCTIONS FOR COLLECTION OF SEMEN FOR POST VASECTOMY

1. The laboratory recommends collecting a sample for evaluation two months post vasectomy and after at least ten ejaculations since vasectomy. You should follow your physician's instructions if they differ from this.
2. The entire ejaculate should be collected in a clean container, by masturbation, after 48 hours of abstinence.
3. **Label the container with your name, date, and time of collection.**
4. Please provide the following information:

Patient Name: _____

Date of Collection: _____ Time of Collection: _____

ATTENTION ORDER ENTRY: Enter collect date and time provided by patient.

5. **Transport** the sample, along with this form, to Munson Medical Center within **4 hours of collection**.
- 6 **Delivery locations and hours at Munson Medical Center:**

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